



San Antonio Police Department
Awards Application
2012

City Council District _____ *Name of Councilperson* _____

Person to receive correspondence and notification:

Name _____

Mailing Address _____ Zip Code _____

Phone (Daytime) _____ (Evening) _____

Email Address: _____

If selected for an award, please list the name you would like to appear on the award:

1. Is this your first time to participate in National Night Out? (Circle one) **Yes** **No**

1. If no, when did you last participate? _____

2. Please estimate the number of persons in attendance for this year's event:

(Please complete reverse side)

DEADLINE FOR AWARD ENTRIES:

All entries must be received or postmarked by the close of business (4:30pm) Tuesday, October 30, 2012.

Please return entry to one of the following:

Juan Ayala: 207-8927

Juan.Ayala@sanantonio.gov

Raymond Todd: 207-8865

Raymond.Todd@sanantonio.gov

Victor Trevino: 207-7386

Victor.Trevino@sanantonio.gov

FAX: (210) 207-7656

**Volunteers In
Policing
NNO Team
Coordinators 2012
San Antonio Police
Department
PO Box 839948
San Antonio, Texas
78283**

NAME OF PERSON TO RECEIVE NOTIFICATION: _____

NNO Awards Application 2010

5. Does your block have a “Good Neighbor Program”? _____

6. Does your neighborhood have a “Cellular On Patrol” group? _____

7. Please specify activities at your event: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Organize a Block Party from 7:00 p.m. – 10:00 p.m. | <input type="checkbox"/> Barbecues |
| <input type="checkbox"/> Turn on Outside Lights from 7:00 p.m. – 10:00 p.m. | <input type="checkbox"/> Potluck |
| <input type="checkbox"/> Drive with Headlights on during daylight hours | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Call Police Substation Crime Prevention / SAFFE | <input type="checkbox"/> Clowns |
| <input type="checkbox"/> Officer for participation | <input type="checkbox"/> Mascots |
| <input type="checkbox"/> Bicycle Rides | <input type="checkbox"/> Dunking Booth |
| <input type="checkbox"/> Fire Department | |
| <input type="checkbox"/> Collect Various School Supplies to Donate to Your Area School(s) | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

Please submit your suggestions and ideas on how we can better serve your community.
